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**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000056116					
1. Entity Name VERBOVEN INVESTMENTS, INC.					
Principal Place of Business 524 OSPREY DRIVE UNIT 12 A DELRAY BEACH, FL 33444		Mailing Address 524 OSPREY DRIVE UNIT 12 A DELRAY BEACH, FL 33444			
2. Principal Place of Business 6000 Pelican Bay Blvd		3. Mailing Address 6000 Pelican Bay Blvd.			
Suite, Apt. #, etc. # C-604		Suite, Apt. #, etc. # C-604			
City & State Naples, FL 34108		City & State Naples, FL			
Zip 34108	Country USA	Zip 34109	Country USA		
4. FEI Number 65-1111155			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GERSTEIN & GERSTEIN PA 1900 N FEDERAL HWY STE 203 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Gerstein William Street Address (P.O. Box Number is Not Acceptable) 700 S. Federal Hwy # 200 City Boca Raton FL Zip Code 33432		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Will M. Gerstein William Gerstein Reg. Agent DATE 2-7-2003					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERBOVEN, THIERRY <input checked="" type="checkbox"/> Delete 524 OSPREY DRIVE UNIT 12 A DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Verboven, Thierry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6000 Pelican Bay Blvd. # C-604 Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Thierry Verboven Thierry Verboven President DATE 2-7-03			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)